

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F94000002920

1. Entity Name

American Land Title Co., Inc. *R*

Principal Place of Business

314 South 19th Street  
Omaha, NE 68102

Mailing Address

1 Home Campus  
MAC X2404-035  
Des Moines, IA  
50328-0001

2. Principal Place of Business

314 South 19th Street

3. Mailing Address

1 Home Campus

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MAC X2404-035

DO NOT WRITE IN THIS SPACE

City & State

Omaha, NE

City & State

Des Moines, IA

4. FEI Number

47-0604365

Applied For

Not Applicable

Zip

68102

Country

USA

Zip

50328-0001

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

McDonald, Robert R.  
101 West College Ave.  
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
FD	Richard F. Malloy	1 Home Campus	Des Moines, IA 50328-0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Steven D. McClelland	1 Home Campus	Des Moines, IA 50328-0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	James M. Strother	1 Home Campus	Des Moines, IA 50328-0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VI	Robert K. Chapman	1 Home Campus	Des Moines, IA 50328-0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steven D. McClelland*

Steven D. McClelland

Date

7/6/00

515 221-7518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #